Institut Jules Bordet – Jules Bordet Instituut
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H.U.B HÔPITAL UNIVERSITAIRE DE BRUXELLES ACADEMISCH ZIEKENHUIS BRUSSEL

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SCREENING FORM CLINICAL TRIAL PARTICIPATION

Date: .....

Patient name: .....
Date of birth: .....
Adress: .....
Phone: .....

Cancer type : .....

Histology (please add anatomopathological report of primary and metastasis):

.....

PS: 0 1 2

Comorbidities:

- Hypertension **YES** **NO**
- Thromboembolic disease *(if yes date:* .....*)* **YES** **NO**
- Pulmonary disease *(if yes details:* .....*)* **YES** **NO**
- Cardiac dysfunction *(if available actual Ejection Fraction* .....*)* **YES** **NO**
- Coronary syndrome *(if yes date* .....*)* **YES** **NO**
- Rythm issues **YES** **NO**
- Diabetes **YES** **NO**
- Auto-Immune disease **YES** **NO**
- other neoplastic events **YES** **NO**
    - *Details:* .....
    - *Date of last cancer:* .....

Treatments:

- Curative anticoagulation **YES** **NO**
- Preventive anticoagulation **YES** **NO**
- Osteoclast inhibitor *(if yes type:* .....*)* **YES** **NO**
- Corticoids **YES** **NO**
- Other ongoing treatments: ..... **YES** **NO**

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Tumoral tissue available: YES NO

Is a new biopsy feasible? YES NO
which tumor site? .....

Measurable disease according to RECIST 1.1: YES NO

Bone only disease {prostate/breast): YES NO

Date of last evaluation: .....
progressive disease? YES NO

Metastatic sites:

1. .....
2. .....
3. .....
4. .....
5. .....

others .....

If cerebral metastasis is present, please precise:

- Leptomeningeal disease YES NO
- Progressive cerebral disease YES NO
- Ongoing corticoids YES NO
- Date and type of last radiotherapy: .....
  .....

Known molecular alterations: YES NO
precise: .....

Past radiotherapy : YES NO
if yes, which type: .....

Are there lesions present that have never been irradiated? YES NO

Systemic treatments in the adjuvant setting

.....

If applicable, time between end of adjuvant therapy and discovery of metastatic disease: .....

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Therapy lines recieved in the metastatic setting:

Line 1: .....
Line 2: .....
Line 3: .....
Line 4: .....
Line 5: .....
Line x: .....

Date of last cycle: .....

Did the patient participate in a clinical trial before? YES NO

if yes, which one(s)? .....

Accumulated dose of anthracyclines: mg/m2

Central venous acces (PAC): YES NO

In order to proceed, please add

- anatomopathological report
- last evaluation of tumor status
- lab analysis (< 21 jours)

uncomplete forms will not be treated

Name of treating physician: .....
Professional adress: .....
Phone number: .....
Email: .....